

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
GOVERNMENT EMPLOYEES INSURANCE COMPANY POLITICAL ACTION COMMITTEE

ADDRESS (number and street) ONE GEICO PLAZA
 Check if different than previously reported. (ACC)
WASHINGTON DC 20076

2. **FEC IDENTIFICATION NUMBER** C00343749
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 01 01 2009 through 06 30 2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Michael Campbell

Signature of Treasurer Electronically Filed by Michael Campbell Date 07 27 2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
GOVERNMENT EMPLOYEES INSURANCE COMPANY POLITICAL ACTION COMMITTEE

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		30586.52
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	30586.52									
(c) Total Receipts (from Line 19)	12353.00	12353.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	42939.52	42939.52								
7. Total Disbursements (from Line 31)	12000.00	12000.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	30939.52	30939.52								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

**DETAILED SUMMARY PAGE
OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

GOVERNMENT EMPLOYEES INSURANCE COMPANY POLITICAL ACTION COMMITTEE

Report Covering the Period: From: To:

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	4000.00	4000.00
(ii) Unitemized	8353.00	8353.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	12353.00	12353.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	12353.00	12353.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	12353.00	12353.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	12353.00	12353.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	12000.00	12000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	12000.00	12000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	12000.00	12000.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3	12353.00	12353.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	12353.00	12353.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 21
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
GOVERNMENT EMPLOYEES INSURANCE COMPANY POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) John Izzo	Date of Receipt MM / DD / YYYY 04 / 30 / 2009
	Mailing Address 1419 Idlewild Blvd	Transaction ID: SA11AI.19093
	City State Zip Code Fredericksburg VA 22401	Amount of Each Receipt this Period 75.00
	FEC ID number of contributing federal political committee. C	Payroll deduction \$25.00 biweekly
Name of Employer GEICO	Occupation VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

B.	Full Name (Last, First, Middle Initial) John Izzo	Date of Receipt MM / DD / YYYY 05 / 27 / 2009
	Mailing Address 1419 Idlewild Blvd	Transaction ID: SA11AI.19205
	City State Zip Code Fredericksburg VA 22401	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	Payroll deduction \$25.00 biweekly
Name of Employer GEICO	Occupation VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

C.	Full Name (Last, First, Middle Initial) John Izzo	Date of Receipt MM / DD / YYYY 06 / 25 / 2009
	Mailing Address 1419 Idlewild Blvd	Transaction ID: SA11AI.19319
	City State Zip Code Fredericksburg VA 22401	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	Payroll deduction \$25.00 biweekly
Name of Employer GEICO	Occupation VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

SUBTOTAL of Receipts This Page (optional)	175.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 21
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
GOVERNMENT EMPLOYEES INSURANCE COMPANY POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) Paul Lavrey		Date of Receipt MM / DD / YYYY 05 / 27 / 2009
	Mailing Address 3495 Pleasant Grove Drive		Transaction ID: SA11AI.19214
	City Ijamsville	State MD	Zip Code 21754
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
	Name of Employer GEICO	Occupation Director	Payroll deduction \$20.00 biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 220.00	

B.	Full Name (Last, First, Middle Initial) Paul Lavrey		Date of Receipt MM / DD / YYYY 06 / 25 / 2009
	Mailing Address 3495 Pleasant Grove Drive		Transaction ID: SA11AI.19328
	City Ijamsville	State MD	Zip Code 21754
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
	Name of Employer GEICO	Occupation Director	Payroll deduction \$20.00 biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 260.00	

C.	Full Name (Last, First, Middle Initial) Paul W Measley		Date of Receipt MM / DD / YYYY 05 / 27 / 2009
	Mailing Address 9539 E. Surprise Canyon Ct.		Transaction ID: SA11AI.19231
	City Tucson	State AZ	Zip Code 85748
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
	Name of Employer	Occupation	Payroll deduction \$20.00 biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 220.00	

SUBTOTAL of Receipts This Page (optional)	▶	120.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 21
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
GOVERNMENT EMPLOYEES INSURANCE COMPANY POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
Paul W Measley

Mailing Address 9539 E. Surprise Canyon Ct.

City Tucson State AZ Zip Code 85748

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 25 / 2009
Transaction ID: SA11AI.19343

Amount of Each Receipt this Period 40.00

Payroll deduction \$20.00 biweekly

B. Full Name (Last, First, Middle Initial)
Robert Miller

Mailing Address 3025 Amherst Avenue

City Dallas State TX Zip Code 75225

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
GEICO Regional VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt 05 / 27 / 2009
Transaction ID: SA11AI.19232

Amount of Each Receipt this Period 40.00

Payroll deduction \$20.00 biweekly

C. Full Name (Last, First, Middle Initial)
Robert Miller

Mailing Address 3025 Amherst Avenue

City Dallas State TX Zip Code 75225

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
GEICO Regional VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 25 / 2009
Transaction ID: SA11AI.19344

Amount of Each Receipt this Period 40.00

Payroll deduction \$20.00 biweekly

SUBTOTAL of Receipts This Page (optional) 120.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 21

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

GOVERNMENT EMPLOYEES INSURANCE COMPANY POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Olza Nicely

Mailing Address 805 Nethercliffe Hall Road

City State Zip Code
Great Falls VA 22066

FEC ID number of contributing federal political committee.

C

Name of Employer
GEICO

Occupation
President-Insurance operations

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 9 / 2 0 0 9

Transaction ID: SA11AI.18881

Amount of Each Receipt this Period

170.00

Payroll deduction \$85.00
biweekly

B.

Full Name (Last, First, Middle Initial)

Olza Nicely

Mailing Address 805 Nethercliffe Hall Road

City State Zip Code
Great Falls VA 22066

FEC ID number of contributing federal political committee.

C

Name of Employer
GEICO

Occupation
President-Insurance operations

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 9 / 2 0 0 9

Transaction ID: SA11AI.18997

Amount of Each Receipt this Period

170.00

Payroll deduction \$85.00
biweekly

C.

Full Name (Last, First, Middle Initial)

Olza Nicely

Mailing Address 805 Nethercliffe Hall Road

City State Zip Code
Great Falls VA 22066

FEC ID number of contributing federal political committee.

C

Name of Employer
GEICO

Occupation
President-Insurance operations

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

765.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.19126

Amount of Each Receipt this Period

255.00

Payroll deduction \$85.00
biweekly

SUBTOTAL of Receipts This Page (optional)

595.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 21
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
GOVERNMENT EMPLOYEES INSURANCE COMPANY POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) Olza Nicely	Date of Receipt MM / DD / YYYY 05 / 27 / 2009
	Mailing Address 805 Nethercliffe Hall Road	Transaction ID: SA11AI.19239
	City State Zip Code Great Falls VA 22066	Amount of Each Receipt this Period 170.00
	FEC ID number of contributing federal political committee. C	Payroll deduction \$85.00 biweekly
Name of Employer GEICO	Occupation President-Insurance operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 935.00	

B.	Full Name (Last, First, Middle Initial) Olza Nicely	Date of Receipt MM / DD / YYYY 06 / 25 / 2009
	Mailing Address 805 Nethercliffe Hall Road	Transaction ID: SA11AI.19351
	City State Zip Code Great Falls VA 22066	Amount of Each Receipt this Period 170.00
	FEC ID number of contributing federal political committee. C	Payroll deduction \$85.00 biweekly
Name of Employer GEICO	Occupation President-Insurance operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1105.00	

C.	Full Name (Last, First, Middle Initial) Terrence Perkins	Date of Receipt MM / DD / YYYY 03 / 27 / 2009
	Mailing Address 1603 Dickens Place	Transaction ID: SA11AI.19049
	City State Zip Code Upper Marlboro MD 20772	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	Individual Contribution
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

SUBTOTAL of Receipts This Page (optional)	540.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 21
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
GOVERNMENT EMPLOYEES INSURANCE COMPANY POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) Terrence Perkins		Date of Receipt	
	Mailing Address 1603 Dickens Place		M M / D D / Y Y Y Y Y 0 4 / 3 0 / 2 0 0 9	
	City	State	Zip Code	Transaction ID: SA11AI.19131
	Upper Marlboro	MD	20772	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		30.00	
Name of Employer		Occupation		Payroll deduction \$5.00 biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		260.00		

B.	Full Name (Last, First, Middle Initial) Terrence Perkins		Date of Receipt	
	Mailing Address 1603 Dickens Place		M M / D D / Y Y Y Y Y 0 5 / 2 7 / 2 0 0 9	
	City	State	Zip Code	Transaction ID: SA11AI.19244
	Upper Marlboro	MD	20772	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		20.00	
Name of Employer		Occupation		Payroll deduction \$5.00 biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		280.00		

C.	Full Name (Last, First, Middle Initial) Terrence Perkins		Date of Receipt	
	Mailing Address 1603 Dickens Place		M M / D D / Y Y Y Y Y 0 6 / 2 5 / 2 0 0 9	
	City	State	Zip Code	Transaction ID: SA11AI.19356
	Upper Marlboro	MD	20772	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		20.00	
Name of Employer		Occupation		Payroll deduction \$5.00 biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		300.00		

SUBTOTAL of Receipts This Page (optional)	▶	70.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 21
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
GOVERNMENT EMPLOYEES INSURANCE COMPANY POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)
Nancy Pierce

Mailing Address 100 Queen St

City State Zip Code
Alexandria VA 22314

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
GEICO VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
MM / DD / YYYY
03 / 19 / 2009

Transaction ID: SA11AI.19004

Amount of Each Receipt this Period
80.00

Payroll deduction \$40.00 biweekly

B.

Full Name (Last, First, Middle Initial)
Nancy Pierce

Mailing Address 100 Queen St

City State Zip Code
Alexandria VA 22314

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
GEICO VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt
MM / DD / YYYY
04 / 30 / 2009

Transaction ID: SA11AI.19133

Amount of Each Receipt this Period
120.00

Payroll deduction \$40.00 biweekly

C.

Full Name (Last, First, Middle Initial)
Nancy Pierce

Mailing Address 100 Queen St

City State Zip Code
Alexandria VA 22314

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
GEICO VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
440.00

Date of Receipt
MM / DD / YYYY
05 / 27 / 2009

Transaction ID: SA11AI.19246

Amount of Each Receipt this Period
80.00

Payroll deduction \$40.00 biweekly

SUBTOTAL of Receipts This Page (optional) ► **280.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 21
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
GOVERNMENT EMPLOYEES INSURANCE COMPANY POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
Nancy Pierce

Mailing Address 100 Queen St

City State Zip Code
Alexandria VA 22314

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
GEICO VP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt
MM / DD / YYYY
06 / 25 / 2009

Transaction ID: SA11AI.19358

Amount of Each Receipt this Period 80.00

Payroll deduction \$40.00 biweekly

B. Full Name (Last, First, Middle Initial)
Dana Proulx

Mailing Address 1011 Avery Court, S.W.

City State Zip Code
Vienna VA 22180

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
GEICO manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
MM / DD / YYYY
04 / 30 / 2009

Transaction ID: SA11AI.19136

Amount of Each Receipt this Period 75.00

Payroll deduction \$25.00 biweekly

C. Full Name (Last, First, Middle Initial)
Dana Proulx

Mailing Address 1011 Avery Court, S.W.

City State Zip Code
Vienna VA 22180

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
GEICO manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
MM / DD / YYYY
05 / 27 / 2009

Transaction ID: SA11AI.19249

Amount of Each Receipt this Period 50.00

Payroll deduction \$25.00 biweekly

SUBTOTAL of Receipts This Page (optional) ► **205.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 21
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
GOVERNMENT EMPLOYEES INSURANCE COMPANY POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) Dana Proulx		Date of Receipt MM / DD / YYYY 06 / 25 / 2009
	Mailing Address 1011 Avery Court, S.W.		Transaction ID: SA11AI.19361
	City Vienna	State VA	Zip Code 22180
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
	Name of Employer GEICO	Occupation manager	Payroll deduction \$25.00 biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 325.00	

B.	Full Name (Last, First, Middle Initial) Jess Reed		Date of Receipt MM / DD / YYYY 05 / 27 / 2009
	Mailing Address 8500 Hawkins Creamery Road		Transaction ID: SA11AI.19251
	City Gaithersburg	State MD	Zip Code 20886
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
	Name of Employer GEICO	Occupation VP	Payroll deduction \$20.00 biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 220.00	

C.	Full Name (Last, First, Middle Initial) Jess Reed		Date of Receipt MM / DD / YYYY 06 / 25 / 2009
	Mailing Address 8500 Hawkins Creamery Road		Transaction ID: SA11AI.19363
	City Gaithersburg	State MD	Zip Code 20886
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
	Name of Employer GEICO	Occupation VP	Payroll deduction \$20.00 biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 260.00	

SUBTOTAL of Receipts This Page (optional)	130.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 21
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
GOVERNMENT EMPLOYEES INSURANCE COMPANY POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) William Roberts		Date of Receipt
	Mailing Address 6529 79th Place		<input type="text" value="02"/> / <input type="text" value="19"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Cabin John	MD	20818
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer GEICO		Occupation VP	Transaction ID: SA11AI.18895
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="300.00"/>	<input type="text" value="150.00"/>
			Payroll deduction \$75.00 biweekly

B.	Full Name (Last, First, Middle Initial) William Roberts		Date of Receipt
	Mailing Address 6529 79th Place		<input type="text" value="03"/> / <input type="text" value="19"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Cabin John	MD	20818
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer GEICO		Occupation VP	Transaction ID: SA11AI.19012
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="450.00"/>	<input type="text" value="150.00"/>
			Payroll deduction \$75.00 biweekly

C.	Full Name (Last, First, Middle Initial) William Roberts		Date of Receipt
	Mailing Address 6529 79th Place		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Cabin John	MD	20818
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer GEICO		Occupation VP	Transaction ID: SA11AI.19141
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="675.00"/>	<input type="text" value="225.00"/>
			Payroll deduction \$75.00 biweekly

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="525.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 21
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
GOVERNMENT EMPLOYEES INSURANCE COMPANY POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) William Roberts		Date of Receipt
	Mailing Address 6529 79th Place		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 5 / 2 7 / 2 0 0 9
	City	State	Zip Code
	Cabin John	MD	20818
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.19254
Name of Employer GEICO		Occupation VP	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 150.00
		<input type="text"/> 825.00	Payroll deduction \$75.00 biweekly

B.	Full Name (Last, First, Middle Initial) William Roberts		Date of Receipt
	Mailing Address 6529 79th Place		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 6 / 2 5 / 2 0 0 9
	City	State	Zip Code
	Cabin John	MD	20818
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.19367
Name of Employer GEICO		Occupation VP	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 150.00
		<input type="text"/> 975.00	Payroll deduction \$75.00 biweekly

C.	Full Name (Last, First, Middle Initial) Margaret Rogers		Date of Receipt
	Mailing Address 14221 Green Valley Court		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 3 / 2 7 / 2 0 0 9
	City	State	Zip Code
	San Diego	CA	92131
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.19048
Name of Employer GEICO		Occupation manager	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 200.00
		<input type="text"/> 230.00	Individual contribution

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 500.00
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 21
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
GOVERNMENT EMPLOYEES INSURANCE COMPANY POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
Margaret Rogers

Mailing Address 14221 Green Valley Court

City State Zip Code
San Diego CA 92131

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
GEICO manager

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 245.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.19143

Amount of Each Receipt this Period
15.00

Payroll deduction \$5.00 biweekly

B. Full Name (Last, First, Middle Initial)
Margaret Rogers

Mailing Address 14221 Green Valley Court

City State Zip Code
San Diego CA 92131

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
GEICO manager

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 255.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.19256

Amount of Each Receipt this Period
10.00

Payroll deduction \$5.00 biweekly

C. Full Name (Last, First, Middle Initial)
Margaret Rogers

Mailing Address 14221 Green Valley Court

City State Zip Code
San Diego CA 92131

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
GEICO manager

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 265.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 2 5 / 2 0 0 9

Transaction ID: SA11AI.19369

Amount of Each Receipt this Period
10.00

Payroll deduction \$5.00 biweekly

SUBTOTAL of Receipts This Page (optional) ► 35.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 21
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
GOVERNMENT EMPLOYEES INSURANCE COMPANY POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial) Louis Simpson		Date of Receipt MM / DD / YYYY 03 / 19 / 2009
Mailing Address 800 North Michigan Ave, Unit 4501		Transaction ID: SA11AI.19022
City Chicago	State IL	Zip Code 60611
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Plaza Investment Managers	Occupation President - Capital operations	Payroll deduction \$50.00 biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

B.

Full Name (Last, First, Middle Initial) Louis Simpson		Date of Receipt MM / DD / YYYY 04 / 30 / 2009
Mailing Address 800 North Michigan Ave, Unit 4501		Transaction ID: SA11AI.19150
City Chicago	State IL	Zip Code 60611
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer Plaza Investment Managers	Occupation President - Capital operations	Payroll deduction \$50.00 biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

C.

Full Name (Last, First, Middle Initial) Louis Simpson		Date of Receipt MM / DD / YYYY 05 / 27 / 2009
Mailing Address 800 North Michigan Ave, Unit 4501		Transaction ID: SA11AI.19263
City Chicago	State IL	Zip Code 60611
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Plaza Investment Managers	Occupation President - Capital operations	Payroll deduction \$50.00 biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

SUBTOTAL of Receipts This Page (optional)	350.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 21
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
GOVERNMENT EMPLOYEES INSURANCE COMPANY POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) Louis Simpson		Date of Receipt
	Mailing Address 800 North Michigan Ave, Unit 4501		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Chicago	IL	60611
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.19377
Name of Employer Plaza Investment Managers		Occupation President - Capital operations	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 650.00	100.00
			Payroll deduction \$50.00 biweekly

B.	Full Name (Last, First, Middle Initial) Joseph Thomas		Date of Receipt
	Mailing Address 1708 Dalwood Meadows		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Virginia Beach	VA	23455
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.19158
Name of Employer GEICO		Occupation AVP	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00	75.00
			Payroll deduction \$25.00 biweekly

C.	Full Name (Last, First, Middle Initial) Joseph Thomas		Date of Receipt
	Mailing Address 1708 Dalwood Meadows		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Virginia Beach	VA	23455
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.19271
Name of Employer GEICO		Occupation AVP	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 275.00	50.00
			Payroll deduction \$25.00 biweekly

SUBTOTAL of Receipts This Page (optional)	225.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 21
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
GOVERNMENT EMPLOYEES INSURANCE COMPANY POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) Joseph Thomas	Date of Receipt MM / DD / YYYY 06 / 25 / 2009
	Mailing Address 1708 Dalwood Meadows	Transaction ID: SA11AI.19385
	City State Zip Code Virginia Beach VA 23455	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	Payroll deduction \$25.00 biweekly
	Name of Employer Occupation GEICO AVP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

B.	Full Name (Last, First, Middle Initial) Mary Zarcone	Date of Receipt MM / DD / YYYY 05 / 27 / 2009
	Mailing Address 219 Westchester Drive	Transaction ID: SA11AI.19281
	City State Zip Code Macon GA 31210	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	Payroll deduction \$20.00 biweekly
	Name of Employer Occupation GEICO VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

C.	Full Name (Last, First, Middle Initial) Mary Zarcone	Date of Receipt MM / DD / YYYY 06 / 25 / 2009
	Mailing Address 219 Westchester Drive	Transaction ID: SA11AI.19395
	City State Zip Code Macon GA 31210	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	Payroll deduction \$20.00 biweekly
	Name of Employer Occupation GEICO VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

SUBTOTAL of Receipts This Page (optional)	130.00
TOTAL This Period (last page this line number only)	4000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
GOVERNMENT EMPLOYEES INSURANCE COMPANY POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) Charlie Crist for US Senate <hr/> Mailing Address PO Box 1694 <hr/> City Tallahassee State FL Zip Code 32302 <hr/> Purpose of Disbursement Campaign Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: <hr/> Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.19286 Date of Disbursement M M / D D / Y Y Y Y 06 / 09 / 2009
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
	Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Property Casualty Insurers PAC <hr/> Mailing Address 2600 South River Road <hr/> City Des Plains State IL Zip Code 60018-3286 <hr/> Purpose of Disbursement Campaign Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.19056 Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2009
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
	Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Ross for Congress <hr/> Mailing Address PO Box 7310 <hr/> City LAKELAND State FL Zip Code 33807 <hr/> Purpose of Disbursement Campaign Contribution Candidate Name <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 12 <hr/> Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.19057 Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2009
	Amount of Each Disbursement this Period 2000.00
	Category/ Type 011
	Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	12000.00
TOTAL This Period (last page this line number only)	▶	12000.00